

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>31 May 95</u>		2 Serial/Patent # <u>08-403844</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing			<u>18 May 95</u>							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND								
		\$ <u>490</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/> Overpayment		Treasury Check								
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>3</td><td>--</td><td>2</td><td>7</td><td>2</td><td>5</td> </tr> </table>		1	3	--	2	7	2	5
1	3	--	2	7	2	5				
<u>Sm. Entity</u>										
11 REFUND REQUESTED BY: <u>Eileen D. Reed</u> <small>Patent Specialist</small>										
TYPED/PRINTED NAME:		TITLE:								
SIGNATURE: <u>Eileen D. Reed</u>		PHONE: <u>305-3659</u>								
OFFICE: <u>PCT-DO-TO</u>										

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APPROVED: <u>Audrey Juyman</u>		DATE: <u>6/13/95</u>								

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Fill out the form completely, and print or type all information.

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3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other" and print or type the fee type on the following blank line.
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5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
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8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEE ACCOUNTABILITY STAMP** with the amount of the refund circled.
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